MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1140

Reg. Diat. No. /80

/	Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tofants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Mule Married 6.(b) Name of husband or wife. 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) Married 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.)	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 21. I CERTIFY i part death occurred on the date above stated; that I attended decoased from 19 to 29 19 48 and that I last saw h. 2 alive on 19 8 Immediate sause of death. Immediate sause of death.
8. AGE: Years Months Days If less than one day	Dhuston Deersal fears Due to. Due to. Due to.
12. Name Benjami Weaver 13. Birthplace Ind 14. Malden name Elizabeth Benbow 15. Birthplace Cass Co., Jyd. 16. Informant Mrs Esther R Clifford	Other conditions
Address Address Address Date thereof (Burial, cremation, or removal, Which?) Cemetery or crematory Location	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Allah Manusch Address 2008 Chleraux Of Balls Mal 19. 3 19. 48 A. W. Hellich (Date registrar) 19. Registrar	23. SIGNATURE M.D. or othery Address Delay M.D. Date signed 2 /2 9/4.

HARGIN RESERVED FOR BINDING

PDEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In

9-45-15M

VS A15

2411 N. Charles St., Baltimore

1. PLACE OF DEATH ()	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Harford	(For newborn infants give residence of mother)
II AT. ast been av	State County County
City or town (if outside city or town timits, write RURAL and give nearest tow	(n) City or town Street (rural)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No.
	(If rurs), give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Sarah ann Pa	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W. midow	Fel. 10t 118 9
01 000 10	20. DATE OF DEATH. 1940. 21
6.(b) Name of husband or wife Sun Claurotti Du	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hex alive on 3-6
deceased (mo., day, yr.) Nec 2, 1868	Immediate (ause of death Coerebral Hemmagl DU)
8. AGE: Years Months Days It less than one day	Huperleusvie 2
79 [29hrs.	min. & alvely a respectant
Proper my	Due to disease
9. Birthplace (Town, county, and state)	
1D. Usual occupation. Housewife	
	Due to.
11. Industry or business	
12. Name Lalph Clrry 13. Birthplace Harford S.	Other conditions
13. Birthplace Harford Co.	(Include pregnancy within 3 months of death)
14. Maiden name Hansah Tate	
14. Maiden name Handle Jacke Ind.	Major fiadings of operations.
≥ 1 15. Birthplace	Date of op.
16. Informant Jackle Touch,	Autopsy results.
Address Rocks, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically
B 9 Februs 14 19	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, eremation, or removal, Which?) (Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
112 (1) atter 1 moule	Where did Injury occur?
Cemetery or crematory	
Location Cooplann M.	Injured at home, farm, Industry, public place (where?)
martin H. Kurb	Means of Injury Injured all work?
1B. Funeral director	
Address Javelleville, oha.	23. SIGNATURE Quartes C. Ker
7- Cull we of man P Brown	M. D. or other
(Date rec'd by registrar)	legistrar Address Address Dailysign d 2 -3

MARGIN RESERVED FOR BINDING

age

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

01715 18/ Reg. Diat. No. 18/

CERTIFICATE OF DEATH

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County June ford	(For newborn infants give residence of mother)
Oltrastown Reval - alberdele	State Maryland County Tattota
(If outside city or town limits, write KUKAL and give nearest town)	City or iown Ocean - Obecdeen
How long in above place of death? about 40 yes	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Carsus Cur
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 + 11 0 0	
A Sax 5. Color or race 6.(a) Single, married, widowed, or divorced	
2 1 111 + 11 1	MEDICAL CERTIFICATION
male White Widowed	20, DATE OF DEATH JW. 6 19 48 21 6: 30 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated: that t attended deceased from
	aug 1997, 10 1997
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Ufered 29, 1836	Immediate caose of death
8. AGE: Years Months Days If less than one day	Menig stas,
9/ 9hrs,min,	
Dear a Create duration	an leis echora C. Vilyan & 415
9. Birthplace Charge Cucle a slove Rea	Due to
Teal war a w !	
1D. Usual occupation	Oue to
11. Industry or business	
= 12. Name autow Chaloue	Dither conditions
	DUICE COMBINIONS
	(Include pregnancy within 3 months of death)
14. Maiden name lukuoww	
15. Birthplace Unknown	Major findings of operations.
2 15. Birinplace	Date of op.
16. Informant Cleartes a. Clealout	Actorsy resolts
Address abendeur Md. R. J. D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B . 0 4 10.18	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or remgyal, Which?) (Burial, cremation, or remgyal, Which?)	Accident, suicide, or homicide
est January	Where did lawry occur?
Cemetery of company of Texault	Where did Injury occur?
Location abeliadore Ma	Injured at home, farm, Industry, public place (where?)
4.1	Meane of Injury Injured at work?
18. Funeral director . Very Jackeny 8 ones	
Address abeldeen Ma	I. Ralph Horay les
FOR 19 119 MODE 21. VIOL	23. SIGNATURE M. D. or other
(Date rec'd by registrar) Registrar	Addréss Clarificalle Mp pate signed Fil 1 F
There are a planting to the second to the se	The state of the s



2411 N. Charles St., Baltimore

()1716 Reg. Dist. No. 192 EASED:

OF DEATH

CERTIFIC	AIE OF DEATH Reg. Di
1. PLACE OF DEATH: County	2. USUAI, RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or Institution? 13 Glass	2.(a) If veteran, name war
3. (a) FULL NAME Benjamin Ch 4. Sex 5. Color or race 8. (a) Sipple, married, widowed, or divorced	3. (b) Social MEDICAL CERTIFICATION
My W Muham	20. DATE DF DEATH. Jeh 16
6.(b) Name of husband or wife	yeare and that I last saw h
8. AGE: Years Months Days If less than one day	Ch noslabe
10. Usual occupation	Due to
13. Birthplace Many Hyer 14. Maiden name Many Hyer	(Include pregrapey within 3 months of death) Major findings of operations.
16. Informant Clark Fity patrick Address Beldy My	Autopsy results. PHYSICIAN: Ptease undertine the cause to which death should
(Burnal, cremation, or removal, Which?) Cemetery or crematory	22. V10LENCE: If death wae due to external causes, fill in the fol Accident, euicide, or homicide
Location Man Bel an Must 16. Funeral director. 17. June 2015	Injured at home, farm, industry, public place (where?)
Address Bellin Myl 19. Let 17 19.44 P. Forward (Date rec'd by registrar) Regi	23. SIGNATURE Willard P. K ostrar Address Zoneet / Lee md

State County	Harrina
City or town (If outside city or town limits write	RURAL and give nearest town)
altrae Ata.	
Street No. (If rural, give LOCA	
2.(a) If veteran, name war	
	(b) 6 -: 16 -: W-1-
nbers	(b) Social Security Number
MEDICAL CERT	IFICATION
20. DATE OF DEATH. Jeh / 6	1948 at 4P 11
21. I CERTIFY that death occurred on the date above etat	ed: that I attended deceased from
Dael- 10/7	10 Feb 16 10 18
and that I last saw has alive on	13- 11/8
Immediate cayof of death	DURATION
Chy Moslay	14
Lyssertrophy	
Due to	

Due to	
A. T.	•
Other conditions Ch. Myocandea	Resease ?
(Include pregrancy within 8 months	of death)
Major findings of operations	
Autopsy results	
PHYSICIAN: Please underline the cause to which de	ath should be charged statistically.
22. VIOLENCE: If death was due to external causes, fill	I in the following:
Accident, euicide, or homicide	Date of
Where did injury occur?(City or town)	(County) (State)
Injured at home. farm, industry, public place (where?)	***************************************
Meene of Injury	tnjured at work?
23. SIGNATURE Willard P	Helson mi
. /	M. D. or othys.
Address Zorost Hell	md Date signed 2/16/18

age

NFADING INK. Supply every item of information carefully nt. Physicians: please write the causes of death clearly and BINDING FOR RESERVED MARGIN

VS

LAINLY, WITH UNF especially important.

PLAINLY, is especially

SE



WRITE

PLEASE

VS A15

FOR BINDING

RESERVED

MARGIN

age

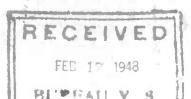
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

Have the bate signed & 14/42.

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County ITAR FORC	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or fown	State HARMANDO County HAR JOR C City or town HAVEE OF GRACE (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	1211/201- 1000
HARTORD MEMORIAL HOSP.	(If rural, give LOCATION)
How long in hospital or institution? 3 well.	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOHN MONROE COAKI	218-05-0037
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WhitE WidowEd	20. DATE OF DEATH. Felina, 14th 19 18 2 3
6.(b) Name of hosband or wife ANNA MARIE MCGREW	21. I CERTIFY that death occurred on the date above stated; that Jettended decessed from
7. Birth date of deceased (mo., day, yr.) . May 28 1887	and that I last saw h. Lanalive on Flancay 13 - 48 15
deceased (mo., day, yr.)	Immediate cause of death
60 8 14min.	Cuclety Clapse
	Dilla P. and.
9. Birthplace HAURE SE GRALE HAPford MARY/AND	Oue to
1D. Usuat occupation LORE MAD	Oue to
11. Industry or business U.S. Gov't	000 10
12. Name EUGENE COAKIEY 13. Birthplace PREDERICK SPIERS VA.	Other conditions
3 13. Birthplace PREDERICKS DERG. VA.	
14. Maiden name MYRTLE Gilbert	(Include pregnand withing months of death) Major findings of operations. I Decutation length
\$ 15. Birthplace HAURE OF GRACE MC.	Date of op. Feb. 12 G
16. Informant MISS JEAN COAKIEY	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address 800 S. Union Ave	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereot months (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
incation House de Quase	tnjured at home, farm, industry, public place (where?)
Perment & On	Means of Injury tnjured at work?
Address Home de Que Md.	In ENTERED MO
19. Lt. 16. 19 48 a. L. Leuis M. D. Registrar	Address to Late Stare Left Signed L. 144/40



VS A15

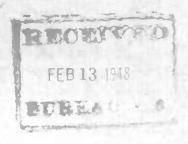
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infants give residence of mother)
County.	State Many County Land
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town
Nospital, Askitation, or street address where death occurred:	Street No. Commerce & Market
	(If rural, give LOCATION)
How leng in hespital or institution?	2.(a) if veteran, name war.
3. (a) FULL NAME Mary Winifes (1	Mary Conway) 3. (b) Social Security Number
4. Sex 5. Color or race. (a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Franch While Kingle	20. DATE DF DEATH. F. S. 10 19.48 at 6:500 M
6.(b) Name of husband or wife	21. I CERTIFY that death eccurred on the date above stated; that I attended deceased from
	Jeans 1847 10 Fell 10 1978
7. Birth dale of years	and that Lest saw have alive on the long 19 745
deceased (mo., day. yr.) /// arch 15 - 1861	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carino of Right
86 10 26hrsmin.	Eye, Orlit + Bhann
9. Birthplace Ireland	
8. Birthplace (Town, county, and atate)	Due 10.
10. Usuat occupation.	Due to.
11. Industry or business	
# 12. Name Grand	Diher conditions are the same
13. Birthplace Oneleand	
14. Maiden name Mangaret Convey	(Include pregnancy within 8 months of death)
5 15. Birthplace I bland	Major findings of operations.
Totals (Records)	Date et ep.
18. Informant	Autopsy resolts
Address Ham de Mase	
17 Bunst Date thereet 2/12/4/8	22. VIOLENCE: ti death was due te external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Lecation Saltina J. J. M.	Injured at home, farm, industry, public place (where?)
18. Funeral direct Personal Tom Pour	Means of injury injured at work?
Address Andrew Market	()0 0 0 1.0 2.
711111111111111111111111111111111111111	23. SIGNATURE tuckes forces of the
19. Tel- 19 48 4. T. Lewes M. D.	1 date of the same Seed 2 heles



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

01718

CERTIFICAL	E OF DEATH Reg. Dist. No. / O. K.	0.00
1. PLACE OF DEATH: Safers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Hospital, Institution, or street address where death occurred:	Street No. (If rurel, give LOCATION)	
How long in hospital or institution? Lk 35 Mic.	2.(a) If veteran, name war	
3. (a) FULL NAME Patticea Ellen Criss	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	_
Timale White Single	20. DATE OF DEATH. 7-14 13 1948 at 7:52	5
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19	0
7. Birth date of deceased (mo., day, yr.) Tall. 13 -1948	Immediate cause of death DURATIO	-
8. AGE: Years Months Days If less than one day	framaturity	
9. Birthplace Bel Cir Surfred Co. Wel N. F. \$	Due to	
1D. Usual occupation.	Due to	
11. Industry or business 12. Name	Dther conditions	
13. Birthplace / W. Miraining		
14. Maiden name Mary Wellen Brafton 15. Birthplace Warford Co md.	(Include pregnuncy within 3 months of death) Major findings of operations	
15. Birthplace Gen Md.	Date of op.	
16. Informant Mrs. Troy O Cust	Autopsy results	
Address Bell Cir Net Bof 241 17. Burief Date thereof 146-1948	22. VIOLENCE: if death was due to external causes, fill in the following:	
(Burial, cremation, or femoval, Which?) (month) (day) (year)	Where did injury occur? (City or town) (County) (State)	
Cemetery or crematory College Made	Injured at home, farm, industry, public place (where?)	
Location Control Contr	Magns of injury Injured at work?	
18. Funeral director Augusty Calledon Wed		
2/14 48 Forword	23. SIGNATURE LLOCAL PLANT M. D. or other	ter
19	Address Freat Acae ma Date signed 2/14	1

Registrar Address Found

WAITE PLAINLY, is especially PLEASE A15 NS

RECEIVED

FEB 17 1948
BUREAU V. S.

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Hard Land Land Land Land Land Land Land Lan	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced Fernale white Single 6.(b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 8. AGE: Age Months Days It less than one day 8. Birthplace Bagley Harford Co. Md. 9. Birthplace Bagley Harford Co. Md. (Town, sounty, and state)	and that I last saw have allive on Jalin 10 19 48. Immediate cause of death DURATION Concluded Thrombours Due to
10. Usual occupation Leachers 11. Industry or business Teleschers 12. Name Leachers 13. Birthpiace Shelild Mass	Due to
14. Maiden name Mary Eleanor Lewise 15. Birthplace Ballmore md 16. Informant Miss Thel Curlis	(Include pregnancy within 3 months of death) Major findings of operations
Address Fallson Ma. 17. Cremation & Berial (Burial, cremation, or removal, Which?) Cemetery or crematory Little Falls Friends Location Fallston Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Martin G. Turky Address arrettswille, and 19. 48 Frawood	23. SIGNATURE WICOARD Plands D. Os other TOTAL LAND MAD 2/12/V.0

RECEIVED

FFB 14 1948

STA HAV

SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01720

CEDTIFICATE OF DEATH

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infinits give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number 220-17-7070 A
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	
male white widowed	MEDICAL CERTIFICATION 18
6.(b) Name of husband or wife Sense Deutscher Sense Se	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from 15. to
8. AGE: Years Months Days If less than one day	Epitheliona of Lip. 2 grs.
9. Birthplace	Due to
11. Industry or business 12. Name	Diher conditions
14. Maiden name Hannel Ketton 15. Birthplace Curriculus	Major findings of operations. Buspay: Fels 1947 —. Epidleliance Date of op Novel
Address Edawood R.D. Maryland	Antopsy results PHYSICIAN: Please anderline the cause to which death should be charged statistically.
1T. Date thereof The Company (month) (day) (year) Cemetery or crematory (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location abrugation manylayed	Injured at home, farm, industry, pub ¹¹ c piace (where?)
18. Funeral director Agrand C. M. Coma Form	mans of Injury Injured at work?
19th: 17 194 Mary Moulesdale (Date rec'd by registrar)	23. SIGNATURE WILLIAM J. D. or other Address Frest Jell M. D. Date signed 21.14.18



important.

WRITE PLAINLY, is especially

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

USUAL RESIDENCE (HOME) OF DECEASED: or town limits, write RURAL and give nearest town) (If rurai, give LOCATION)

Date signed 2/8/4

1. PLACE OF DEAT	12 100 1 (1	20	Mari	Oand?
County		lond	(24	S
			URAL and give near	st town)
How long in above place of		(m		••••••
Hospital, Institution, or st	reet 200ress where u	leain occurred:		S
How long in hospital or in	anditution 2		***************************************	2
3. (a) FULL NAME	131114110W:			11 4
3. (a) FULL HAME	C 2 00	- 1	Dani	
4. Sex	S a M	8.(a)Single	, married, widowed, or d	M 4 N
	Colous		A	2
	lactor	in 16	Jorna	2
B.(b) Name of husband or	wife			2
7. Birth date of) If allve, give age	years a
deceased (mo., day, yr.)			18	16
8. AGE: Years	Months	Days	If less than one day	A
12		-	hrs	mln.
9. Birthplace	neral	Con S	margea	م کی
		county, and s	tate)	
1D. Usual occupation	Colores	***************************************		D
11. Industry or business	- 10.0			
12. Name	DY MAR	m	w	0
13. Birthplace				
14. Maiden name		alley		
≥ 15. Birthplace	angla	ud	۷	
18. Informant 7 400	T Dor	ma	w	
Address ST	ra R	10.	me	P
17. Bulletian, or (Burial, cremation, o	5	Date there	of typonth) (da	1948 2 h (year) A
Cemetery or crematory	Bomm	unity	Bapu	et H
Location	pr .	ma	regul	II
18. Funerat director	road	K M	e arma	you !
Address / Lu	gun	. /	nd	
19742	0 1948	ma	um mi	ulsdale 2
(i)ate rec'd by regis	trar)	/		Registral A

	3. (b) Social Security	Number
MEDICAL CERTIFICATION		
20. DATE OF DEATH February	0 45	330
20. DATE OF DEATH . LO CUS	<u>a</u> 19./.V	, at
21. I CERTIFY that death occurred on the date abo	ve stated; that t attended decea	esed from
19	ŧo	19
and that I last saw halive on		19
Immediate cause of death		OURATION
Immediate cause of death terror cleritie	- C V	
D	sease	
Terroclestic		
Due fo		
VII. (V		
Other conditions		
Juner conditions		•••••
(Include pregnancy within 3 n	nonths of death)	
Major findings of operations		0
Autopsy results		
PHYSICIAN: Please underline the cause to wh	ich death should he charged	statistically.
22. VIOLENCE: If death was due to external cau	ses, fill in the following:	
Accident, suicide, or homicide		
Where did injury occur?(City or town)	(County)	(State)
Injured af home, farm, industry, public place (w	ere?)	
Means of Injury	Injured at work?	



PLEASE WRITE

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

4861

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn intents give residence of mothes) State
DORSEU- MAMIE C.	3. (b) Social Security Number
FEMALE Colored Divorced.	MEDICAL CERTIFICATION 20, DATE OF DEATH. 8 FEBRUARY 19 48 21 8 45 A. M.
8. AGE: Years Months Days If less than one day 4. Birthplace. 8. Hot Given 1903 8. AGE: Years Months Days If less than one day 4. Hot Market And Marke	21. I CERTAY that death occurred oo the date above stated; that I attended deceased from 2 13 15 to 19 and that I last eaw h
9. Birthplace	of interns a multiple, out of metastases - perstoned, left lung and pleura
12. Name HENRY DORSEY 13. Birthplace Mary and	Other conditions
15. Birthplace Mary and	Major findings of operations. As office the Date of op. Autopsy results. As autofry
Address A Revolute Fred 17. Gurial, eremation, or removal. Which?) Complete or cremation, which? Complete or cremation, which? Complete or cremation, which? Complete or cremation, which?	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, euicide, or homicide
tB. Funeral director Therety Tarring & Souss Address a betideen trad	Injured at home, farm, Industry, public place (where?) Msens of Injury Injured at work? 23. SIGNATURE. ROUTUREAL MO
19. TH- 9 19. 48 a. T. Zewis M. D. (Date rec'd by registrar) Registrar	Address Hapital - Hunestynes Date Stgnad 2- 8, 48



01722

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
Cily or lown(If outside city or town limits, write RURAL and give nearest town)	State Couply Couply
How long in above place of death?	(1) or town (1) outside city or town limits, write RORAL and give nearest town)
Hospital, Institution, or stroet address where doath occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Colof or race 6.(a) Single, marriod, widowed, or divorced	MEDICAL CERTIFICATION
male Milita Married !	2D. DATE OF DEATH 2 1948 213/50 M
6,(b) Namo at husband or wife Alice Alice	21. I CERTIFY that death occurred on the date above stated: that Lattendoedeceased from
6.(c) It alive, give age 50 years	1976 19 760 2 19 78
7. Birth date of	and that t last saw h. M. alivo on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days It loss than one day	Drenelo premone.
87 2 /2hrsmin.	mocardiel Failure
21-60 60 700	Davids of the state of the stat
9. Birthpiaco (Town, county, and atate)	Due to Colon (-1/ Alarga
10. Usual occupation James	
	Due to
11. Industry or business	
E 12. Name	Diher condillons
13. Birthplace July	(Include pregnancy within 3 months of death)
14 Maiden named Mark	(Include pregnancy within 8 months of death)
	Major findings of operations
≥ 15. Birthplace	
16. Informant The Command of the Com	Autopsy results
10 11. To be	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address July 1	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, eremation, or removal, Wilcul)	
Cemetery or cromatory	
Location La Court Lead Inc.	Injured at home, tarm, industry, public place (where?)
126 1/mercal Hill	Means of injury injured at work?
1B. Funoral director	1 - 1 0 11 TmD
Address fam The ta	23. SIGNATURE 22 A 1/2 Mm 1/1/0
Act. 23 1048 Thomas M. Brown	M. D. or other
(Date ree'd by registrar) Registrar	Address Delta (Ca. Date signed 7 / 2/ 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

FEB 24 1948

BUREAU V. S.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1396

CERTIFICATE OF DEATH

Per Dist No 185-

	Reg. Dist. No.
1. PLACE OF DEATH: County	Street Ho. \$39 flfrural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Gatte	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DE DEATH. 7 19.4 1.55
5.(b) Namo of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days If less than one day 26 hrs. mir 9. Birthplace (Town, county, and state)	Duration Due to
19. Usual occupation	Duo 10
12. Name 12. Name 13. Birthplace	Dither conditions
14. Maiden name Parks Vincenti	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Frank Clatte (Facher)	Autopsy results PIFYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial, cremation, or removal. Which?) Bate thereot. 2/13/4/ (month) fday) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelery or crematory Location	Where did injury occur?
Address Have de Breeze	Means of Injury Injured at work?
19. Tet. 11 19 48 a. LLeis no. D	23. SIGNATURE M. D. or other



PLEASE

VS A15

BE A PART A RITT	COTT & STEET	DEPARTMENT	OF	TENNAMENT
MAKYLANII	NIAIR	DEPARTMENT		HEALIH

2411 N. Charles St., Baltimore

932

01725

CERTIFICATE OF DEATH

ter. Dist. No. 182

I. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Harford
City or town Whiteford Rural (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 25 Vrs.	City or town
How long in 200ve place of death?	
noopha, motion, of case control and a second contro	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Carvil Richardson Hamilton	o. (v) both betally rander
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widower	20. DATE OF DEATH. 726 Mary 18 18 49 21 12 30
6.(6) Name of hydrand or wife Emmin Hamilton	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O.(O) Reme of repeating of wife	1943, 10 7-26 18 19 48
7. Birth date of March 7 1864	and that I last saw h. MM alive on Feb 16 13 48
deceased (ma., day, yr.) March 1, 1864	Immediair caose of death
8. AGE: Years Months Days If less than one day	Impocenchal Failure
83 11 17hrsmin.	
· Rithniace Harford Co. Md.	Due 10 art Selar, C-V Processa
9. Birthplace	Due 10
Retired former	
1D. Usual occupation.	Due 10
11. Industry or business	
E 12. Name Samuel Hamilton	Dther conditions
13. Birthplace Harford Co. Md.	
# 14. Malden name Fmily Harvey	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
14. Maiden name Fmily Harvey 15. Birthplace Harford Co. Md.	Date of op.
16. Informant Robert Hamilton	Aotopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Whiteford, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or commetery Tabernacle cemetery	Where did injury occur?
Location Whiteford, Md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Hubert P. Harkins	Mesns of Injury Injured at work?
Address Delta, Penna.	Caril Ro Hunt M. P.
18 Febr 2-1, 18 48 M. A. Kirk	23. SIGNATURE M. D. or other
(Date rec'd by registrat) Registrar	Address Delta Da, Date signed 2/19/48



PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

SA

RESERVED FOR BINDING

MARGIN

CERTIFICATE OF DEATH \\ \(\rangle \) Reg. Dist. No. 186	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3.(a) FULL NAME D. Thansell	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. FLEG 2 1 1548 at C 234
8. AGE: Years Monthe Days If less than one day 9. Birthplace	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from 19.45. 10. 10. 10. 19.45. and that I last saw h.i.m. alive on 42. 2. 3.30 Ar.M. 19.4. Immediate roge of death Due to.
10. Usual occupation	Due to
12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace	Other conditions
16. Intermant Address // 66 Care. D. Carry Press, Ma. 17. But al., cremation, or removal. Which?) Cemetery or cremators Date thereot	PHYSICIAN: Please underline the eause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director. Addrese Addrese 19 (Date rec'd by registrar) Location 18 Location Addrese Addrese Registrar	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M. D. or other Addrese. Addrese. Addrese. Addrese. Date signed.



FEB 24 1948

BUREAU V. 8

Evidence Sor change MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) County. (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death?.. Hospital, Institution, or street address where deth occurred: (If rural, give LOCATION) How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION BINDING 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 6.(c) If alive, give age FOR deceased (mo., day, yr.) Supply lease wr If less than one day 8. AGE: RESERVED 1D. Usual occupation. 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of death) Major findings of operations..... especially PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINLY is especial 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did injury occur? 国 (State) (City or town) Injured at home, farm, industry, public place (where?) Injured at work? Means of Injury 23. SIGNATURE



9-45-15M

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01728 Reg. Diat. No. 188

Reg. Diat. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State. County City or town. (If outside city or sown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white morried	20. DATE OF DEATH. F. 21 5 30 A M
8.(b) Name of hueband or wife Theresa March	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Feb. 15, 1862	and that I last eaw h
8. AGE: Years Months Days It less than one day hrs	1 malt
9. Birthplace Horford Co Marcyland (Town, county, and staff)	Oue to Generalized Centeries schools
10. Usual occupation.	Due to
11. industry or businese 12. Name Sayl Marl 13. Birthplace Symmetry	Other conditions
14. Malden name christine Zonyer 15. Birthpiace Vermany	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthpiace Germany	Autopsy results.
Address 333 you and Baterine 29 Net	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Whigh?) Oate thereof (month) (day (year)	22. VIOLENCE: If death wae due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Superior	Where did injury occur?
18. Funeral director Truck & M. M. Comuston	Meane of Injury Injury Injury Injured 2t work?
Address abiredon manyland	Fred O Hodows m.D
19. The State of t	Address Galder T.A. Date signed



PLEASE WRITE PLAINLY,

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

94a

01729

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Cecil
City or town. (If outside city or town limits, write RURAL and give nearest town)	Part Wagnerit
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 36 Center Street
How long In hospital or Institution?	(If rural, give LOCATION)
3. (a) FULL NAME	
Jeorgia McKen	3. (b) Social Security Number
4. Sax Jennel 5. Color or race B.(a) Single, married, widowed, or divorced with drawed	MEDICAL CERTIFICATION 20. DATE OF DEATH February 1 48 19 2 A
6.(b) Name of husband or wife Richard Mc Kenzie	21. CERTIFY that death occurred on the date above stated; that t attended deceased from
	N 10
7. Birth date of deceased (mo., day, yr.) October 13, 1890	and that t last saw h 19 19 19
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
58 9 10hrsmin.	Lever alized arterior claron 24 hs.
9. Birthplace Part Deposit Md. (Toth, county, and state)	Due to. Office Sty
10. Usual occupation a omestic	
	Due to
11. industry or business	
E 12. Name.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sarah a. Stevensse 15. Birthplace Franklin County, Va.	Major findings of operations
E 15. Birthplace Frankley County, Uq.	Date of op.
18. Intermant Miss Leta B. Caswell	Autopsy results
Address 36 Cloter St. Port Degosit, md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Busial 7-14-48	22. VtOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cramation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
ocation Cacilo Co. MAG.	Injured at home, tarm, industry, public place (where?)
18 Finance director Elancer EBeellor la	Means of Injury tnjured at work?
Address 556 Lewis St. Houselle Glore ned	
11, 20,14	83. SIGNATURE
19. (Date rec'd by registrar) 19. 4 . A. L. Jewis Mr. Registrar	Address & XD. fass. X I Bate stoned 2-1-XF
farmen ven of the vestion of the ves	** PRESENTATION OF THE PROPERTY OF THE PROPERT



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

CERTIFICA	Reg. Diat. No. / So
1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State
	1701
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced new ways.	MEDICAL CERTIFICATION 20. DATE OF DEATH. February 6 = 19 48 1 /2 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19
8. AGE: Years Months Days II less than one day 9. 8 Irthplace Hame de Grace Range County, and state) 10. Usual occupation.	Due to. Due to. Due to. Due to.
12. Name Walter more of the state of the sta	Other conditions (Include pregnancy within 8 months of death)
14. Maiden name Marie O. Harrby 15. Birthplace maryland	Major fiediogs of operations.
15. Informani	Autopsy resolts
Location Obugson Tufe 18. Funeral director Thank Killic Communitary	Whera did Injury occur?
19. T. J. 18 98 G. L. Lewis M. Registrar Registrar	23. SIGNATURE AT LE F. Noguera M. D. or other Address. Horfutal - Have de frace Bate signed 2-6-88

WITH UNFADING INK. Supply every item of information carefu important. Physicians: please write the causes of death clearly ar

PLEASE WRITE PLAINLY, is especially

FOR BINDING

RESERVED

MARGIN

VS A15



St., Baltimore

Reg. Dist. No. 180

	ا به
1	3/
1	"NE)
	100/1
	oly

information carefully. 1 of death clearly and legi ADING INK. Supply every item of Physicians: please write the causes WITH UNF/ PLAINLY, V is especially 国

> RI A 由

02 PLE

(Date rec'd by registrar)

A15

SN

BINDING

FOR

RESERVED

IARGIN

2411 N. Charle	s St., Baltimore 55 L X
CERTIFICAT	E OF DEATH Reg. Di
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or gwn limits, write RURAL Street No (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social
4. Sex 5. Color or frace 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICAT
male white undowed	20. DATE OF DEATH Telmany 17 th
6.(b) Name of husband or wife Ollmon 6.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) June 2 9th 1957 8. AGE: Years Months Days It less than one day 9 3 hrs. min. 9. Birthplace Newport Wiscourson (Town, county, and state)	21. I CERTIFY that death occurred on the date above stated; that I and that I last saw how alive on I mmediate cause of death of the same
1D. Usual occupation	Due to
12. Name	Other conditions Create Mutastass (Include pregnancy within 8 months of death) Major fieldings of operations. Date
18. Informant Mo Education Ro. Mid Addred My Ban, Obrugation Ro. Mid 17. Acceptation Dale Ihereot. (month) (day) (year) 18. Informant Mos Addred Month (day) (year) 18. Informant Mos Addred Month (day) (year)	Autopsy results PHYSICIAN: Please anderline the cause to which death should 22. VfOLENCE: If death was due to external causes, till in the fol Accident, suicide, or homicide
Location Coloredale, Indiany	Where did Injury occur?
18. Funeral director toward K. Mc Corner Ports Address abugdy Mayon Mouland	23. SIGNATURE J. 7. Magnas

wn)	State Maryland county Horfol
	City or fown (If outside city or Newn limits, write RURAL and give nearest town) Sireet No
	2.(a) It veteran, name war
ROZ	3. (b) Social Security Number
	MEDICAL CERTIFICATION 20. DATE OF DEATH February 17 th 19 48, 21 1, 30 P.
years	21. I CERTIFY that death occurred on the date above stated: that I attended deceaced from 19
mln.	Immediate cause of death of the DURATION
********	Due to
Α	Differ conditions delvil Metastasis of 2 yrs. (Include pregnancy within 3 months of death)
	Major findings of operations
948	PHYSICIAN: Please suderline the cause to which death should be charged statistically. 22. VfOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide
ear)	Where did injury occur?
3/2/	Injured at home, tarm, Industry, public place (where?)
lale	23. SIGNATURE J. 7. Magrass. M. D. W. C. W. D. Date signed 24/18/48

FEB 21 1948

BUREAU V. S.

WRITE PLAINLY, is especially

PLEASE

VS A15

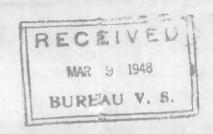
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

01732

	Reg. Diat. No.
County Clif outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Now long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Charles P. Morri	3. (b) Social Security Number
Male Thite Married	MEDICAL CERTIFICATION 20. DATE OF DEATH FUL 19.48 at 10 A.M.
6.(b) Name of husbaod or wife Search Revelle Morro 6.(c) If glive, give age years 7. Birth date of deceased (mo., day, yr.) 7. Dov. 2-8, 1860	22 I CERTIFY that death occurred on the date above stated; that Infended deceased from 19 48 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day hrsmin.	Circlina Herman July 1 hk
9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to.
11. Industry or business 12. Name 12. Name 13. Birthplace 14. Area of the start	Dther conditions
14. Maiden name delina Gilcoat 15. Birthplace Towford W., Md.	(Include pregnancy within 3 months of death) Major fiadings of operations
16. informani Mrs. Pearl & Harris Address 38/2 Garriston Gre Bally	Autopsy results
(Burial, Grenation, or sempal, Which?) (Burial, Grenation, or sempal, Which?) (Burial, Grenation, or sempal, Which?)	Accident, suicide, or homicide
Location Baltimore, Md,	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
Address Darlington MA	23. SIGNATURE & Sundy Lass
19/Telbi Time 19 / B M. H. Furk (Date rec'd by repostrar) Registrar	Address Narling Gn (M) Date signed 2/5 748



MARYLAND STATE DEPARTMENT OF HEALTH

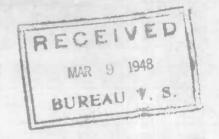
2411 N. Charles St., Baltimore

97

01733

		1910
		184
Reg.	Diat.	No. 182

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3.(a) FULL NAME GEORGE Presh	RRY 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, mazzlod, widewed, or diversed 8. (b) Hama of husband or wife	MEDICAL CERTIFICATION 20. DATE DF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days it less than ooe day	and that I last saw harmalive on 1947 to tele 5 1948 Immediate cause nl doubth DURATION
9. Birihpiace & Description of Stown, county, and state)	old age
10. Usual occupation	Dus to.
12. Hames terry orestary 13. Birthplace ford co, Mid, 14. Malden name tizar original prigation of the start ord co, Mid, 15. Birthplace ford co, Mid,	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant dames to de confirmation, and s	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Buriel, cremation, or removed. Which?) Cemetery or crematory. Type Company Co	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, eulcide, or homicide
Location food ord (5, Mmd, 18. Funeral director	Injured at home, farm, Industry, public place (where?) Misens of Injury Injured at work?
Address Warungton, May Fiels 5, 1948 M. W. Firk	23. SIGNAPURE DUDLEY Rhellys M. D. or other 2/5/48



VS

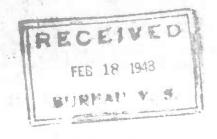
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

01734 Reg. Diat. No. / 82

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhern infants give residence of mother)
County Holford	mande of Hacked
City or town	State County County County
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Streel No.
	(If rural, give LOCATION)
Now long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WILLIAM Edgar	PRESTON IN. 216-05-7451
4. Sex 5. Color or race 8.(a) Single, married, widowed, or giverced	MEDICAL CERTIFICATION
Male white Wednesd	20. DATE OF DEATH FIRM 11 1848 31 9 P. M
6 (h) Marie of huckard of wife Cecles Preston	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
G.(O) Name of mosama of whe	MAY 23 10 Feb. 11 1948
7. Sirth date of	years and that I last saw h. J. Phys. alive on Feet. 1/
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cardia Geompanishin 2 days
68 1 14hrs	min.
9. Birthplace Fallstone Harfold & md	Due to Caroniana of Rostate 15 months
(Town, county and sate)	
10. Usual occupation	Due to
11. Industry or business	
12. Name WM. A. B. Vnistru 13. 8irthplace 7 allston nis	Diher conditions FRACTURE LEFT TEMBRAL NECK I MONTH
13. Birthplace Fallston ned	(Include pregnancy within 8 months of death)
14. Maiden name Ells, abell Itellin gount	8
81-11- Day	Major fiedings of operations.
15. 8irthplace	Date of op.
16. Informant Days of Surgery	Autopsy resolts
Address VIII (10). 1). 10. 11100	22. VIOLENCE: If dealh was due to external causes, Ill in the following:
(Burial, cremation, or pemoval, Which?) Dale thereof	2 1/20/48
J A MAY 1	Where did taken again?
Cemetery or crematory	
Location to Confiden peer, flet	Injured at home farm, Industry, public place (wherer)
18 Funeral director toward C. Mr Orman YES	Meens of Injury Syfeel 9 feel (46 H8-45 Injured at work?
Address abrusdon manglant	PAR HH MD
Address PLAN 118 PLAN 118	23. SIGNATURE M.D. or other
19. 2/10 19 98 0 7000000	F. H. H. M. M. 2/11/48
(Date rec'd by registrar) Regis	strar Address Date signed Date signed



PLEASE WRITE

NS

2411 N. Charles St., Baltimore

01735

CERTIFICAT	E OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Series a. Russell	3. (b) Social Security Number
4. Sex Jerusale Bleite Bedowed 6.(a) Single, married, widowed, or divorced Bernsele Bleite Bedowed 6.(b) Name of husband and Robert C. Russell 6.(c) If alive, give age	20. DATE OF DEATH. 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 19. 19.
7. Birth date of deceased (mo., day, yr.) December 164/862 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace. T. Y. Luclo. Chr. (Town, county, and state)	Immediate cause of death DURATION Due to Due to DURATION
10. Usual occupation	Other conditions (Include pregnancy within 3 months of death)
16. Informant Mw. Classes F. Russell Address 824 N. Danvil of Aclington Va 17. Burial Date thereof July (947) (Burial, cremation, or removal, White?)	Autopsy results
Location Near aberden 18. Funeral director Neury January Jone Address Aberdeen Ma. 19. Feb (2) 19. H8. Mellie H. Tiley (Date ree'd by registrar) Ragisfrar	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Mnans of Injury Injured at work? 23. SIGNATURE. Address. Date signed



9.45-15M

W. W. Perrect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01736

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siaie County
3. (a) FULL NAME	3. (b) Social Security Number
Alledian & Delivermanne	212-01-8477
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white marriel	20. DATE OF DEATH Set & E 19 19 19 16 13 04 M
MANAGAS ACLUSTON	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	line " 43 . Fet " 45
7. Birth date of	and that I last sawh we alive on Feel & 4 19 4 L
deceased (mo., day, yr.) dept 10, 1887	2002200
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION o-dao.
60 5 16min.	
9. Birthplace Bel questo (Powa / sounty, and state)	Oue to
10. Usual occupation Ohemot	Due to
11. Industry or business	
= 12. Name William Schwarmann	Other conditions auchal thurnbor 3 yrs.
12. Name William Schnermann	Benchial authory 20 yes
	(Include pregnancy within 3 months of death)
5	Major findings of operations
\$ 15. Birthplace Stranger	
16. Informant Mys Mar garet ochwermann	Autopsy results
Address ho aslenation RD. Zud	PHYS1C1AN: Plesse underline the cause to which death should be charged statistically.
17 Cremation Date thereof Feb 26; 1988	22. V10LENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or regional, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory & bu dru Caric	Where did injury occur?
location Baltimore Marsland	Injured at home, farm, Industry, public place (where?)
Howard & Moleony Van	Maens of Injury Injured at work?
18. Funeral director X	Doll Hole he
Address Wingson Maryland	23. SIGNATURE
19. Man 19 49 M. W. Registrar	address churchoullo M. D. or other

MAR 16 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

important.

especially PLAINLY

S

WRITE

PLEASE

A15

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Diat. No/
1. PLACE OF DEATH: County Harford City or fown Aberdeen Proving Ground, (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Station Hospital Aberdeen Proving Ground, Md. How long in hospital or institution? 1. days 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Oregon County Multnomah City or town Portland (If outside city or town limits, write RURAL and give nearest town) Street No. 123 S.E. 27th Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.
DUDLEY H. SNEDIGAR, 1st Lt., U. S. Army	J. (V) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married 6.(b) Name of husband or wife. Mrs. Effic Snedigar	MEDICAL CERTIFICATION 20. DATE OF DEATH 12 19 48 at 9:25 Am 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) September 15, 1911 8. AGE: Years Months Days 11 less than one day 36 4 27 hrsmin.	February 2 19 48 to February 12 19 48 and that I last saw h im alive on February 12 19 48 Immediate cause of death OURATION County This Caudiae Sdays
9. Birthplace Sacromento, California (Town, county, and state) 10. Usual occupation Officer 11. Industry or business U. S. Army 12. Hame Charles, D. Snedigar 13. Birthplace Mineral Wells, Texas 14. Maiden name Mabel Shane 15. Birthplace Hamilton, Oregon	Oue to
16. Informant Capt Darold B. Snedigar Address U. S. Army Date thereof (month) (day) (year) Cemetery or crematory (month) (day) (year) Location (month) (day) (year) 18. Funeral director (month) (m	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Misans of injury Injured at work? 23. SIGNATURE. Address. Address. Address. Address. Address. Address.



MARYLAND STATE DEPARTMENT OF HEALTH

CEPTIFICATE OF DEATH

	0172
	PARTMENT OF HEALTH St., Baltimore 159
CERTIFICAT	TE OF DEATH Reg. Diat. No. 185
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State 1994 1996 County City or town 1494 1996 County (If outside city or town limits, write RURAL and give nearest town) Street No. 1996 1996 1996 1996 1996 1996 1996 199
3.(a) FULL NAME BABY BOY SOT.	3. (b) Social Security Number
4. Sex 5. Color or rice 8.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 21. 34. 5
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Echnicae 11 3 1948	and that I last saw h. alive on F.C.A. LY- LB 19
8. AGE: Years Months Days If less than one day	Immediato causood death
9. Birthplace HAURE OF GRACE HARJOR HARYLAND (Town, county, and state) 10. Usual occupation.	Due to.
10. Usual occupation	Due to
12. Name NAWRENCE TO DOTTO	Other conditions
13. Birthplace Hacustury 84 14. Malden name Cokinna M. Applie 15. Birthplace MARY/And	(Include pregnancy within 8 months of death) Major findings of operations
15. Birthplace MARY/And	major manings of operations
Address Henre de Bras & Md RFD. N. 1	Autopsy results
17. (Buriat, cremation, or removai. Which?) Date thereot. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Cemetery or crematory Sakara	Where did injury occur?
18. Funeral director Benry Januing Hong	Means of injury Injured at work?
Address Cherdien md	23. SIGNATURE While Notice 18
19. Tel. 4 19. 48 a. Lessis Tw. D. C. Lessis Tw. D. Registrar	Address Amuty Apl Siece Able signed 2/14/48

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information cares

A15 NS



MAR 3 1948

BUREAU V. S.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

01740

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County 600 Dineto Ruras	State ma County Harford
(If outside city or town limits, write RURAL and give nearest town)	City or town Rural Dakleyaton
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
fluspital, institution, or effect audiess where death occurred.	Street No. (If rbral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	YPLE
4. Sex 5 Color of race 6.(6) Single-married, widewed, or diversed	MEDICAL CERTIFICATION
Male House Married	20. DATE OF DEATH. Jeb. 24 19.48, a630P, M
6,(b) Name of husband or wife. Take Semple	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
Cline 5.(c) It alive, give age years	RM 2 19,4 10,7 4 19,40
7. Birth date of deceased (mo., day, yr.) March 22 1877	and that I tast saw bearing alive on File Z. y. 18 48
8. AGE: Years Months Days tiless than one day	Immediate cause of death
70 9 22hrs. min.	To medicine
9. Birtholace Baltimore Co., Mid.	Due to.
Town, county, and state	Chr. myocardeal Disease 8 yrs.
tD. Usual occupation.	Due to.
tt. Industry or business Hagon work	
12. Name denytmin temple 13. Birthplace Unknown	Dither conditions
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations
🙎 t5. Birthplace	Date of op.
16. Interment/ Gr. Benjumin imple	Antopsy results.
Address street My Aural	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
12 Burial Date thereof Feb 27/94	Z. VIOLENCE: If death was due to external causes, fill in the following;
(Buriai, cremeter, or samogat Which) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Travelora Co., Mai	trijured at home, farm, Industry, public place (where?)
18. Funeral director. H. Bailey	Means of injury Injured at work?
Address Darlington, Md.	(1).000 D D Heiden mr
Fel 26 48 M. St Kirls	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Addrass 7 clost 400 Md Date signed 2/25/48

MAR 9 1948
BUREAU V. S.

9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTHY 552-

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No..

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infagrs give residence of mother)
City or town Garrettsbelle Rural)	State Wed County Harford
(If outside city or town limits, write RURAL and give nearest town)	Cily or town (If outside city or town timits, write RURAL and sive nearest town)
How leng in above place of death?	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Earl Lawrence 7	13. (b) Social Security Number 365-07-8630
4. Sex 5. Color or race 6.(a) Single, married, widowed, or dirorced	MEDICAL CERTIFICATION 20
male white manced	20. DATE OF DEATH February 07 19.48 31 10 M
8.(b) Namo of husband or wife Esther Thomas	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) It alive, give age 35 years	and that I vast saw h. I. Mo. aliye on February 24, 1948
1. Birth date of deceased (mo., day, yr.) May 9-1902	Immediate cause of death
8. AGE: Years Monthly Days If less than one day	deligoration + unantion
45 7 /9min.	
9. Birthplace Description (Town, county, and state)	Oue to the transfer of the second sec
10. Usual occupation. Tool Engineer	Ouo to
11. Industry or business Glean I masting plant.	
12. Name Work Known	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Wof Locour	Major findings of operations. Uslessa cema
E 15. Birthplace Thomas	Date of op.
16. Informant	Autopsy results
Address focusion RD march 1-48	22. VIOLENCE: If death was due to external causes, fill in the following:
Bate thereof (month) (day) (Year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
Location Jundonna Hayford to Jud.	tnjured at home, farm, Industry, public placo (where?)
18. Funeral director Musting Security	Meens of injury Infoced at work?
Address Jamethavelle miles	23. SIGNATURE Charles & hoff
Mile reed by registrary 1848 Thomas R. Draww. Registrar	1 1000 Md 1 3-2 7-50
(Date rec'd by registrar) Registrar	Address Date signed of the sig

MAR 3 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

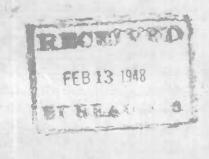
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Cily or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war. 3.(b) Social Security Number
GERALD DEAN VANHOY	3. (o) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced market 5. Color or race 6.(a) Single, married, widowed, or divorced market 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH Jels 10 1948 at 7:15 Pm
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 19. 8. to Fellow and that I last saw h.com. alive on Fellow 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one dayhrs	Immediate cause of death OC. BRONCHO-PNEUMANIA DURATION Y Cary
9. Birthplace	Due to
1D. Usual occupation	Due to
11. industry or business 12. Name andy Gelbert Van Hog 13. Birthpiace Grospon ao Ja	Dither conditions Belake Otitis medea / dia (Include pregnancy within 3 months of death)
14. Maiden name Elela Plummer 15. Birthplace Prayser Co, Va	Major findings of operations
16. Informant Ourdy 9. Van Hoy Address Bel der me R#2	Autopsy results
17. Burial, cremation, or removal, Which?) Date thereof. Filey (2) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemelery or crematory.	Where did Injury occur?
Location Fountain Green Haston Co. M.S.	Injured at home, farm, industry, public place (where?)
18. Funeral director	23 SIGNATURE Wellerd J. / Ludsone M. D
19. 2/11 19 48 Ost rework Registrar Registrar	Address Forest Hear med Bate signed 2/11/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and the MARGIN RESERVED FOR BINDING

The coment age



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Court. Cour		The state of the s	
County (If controlle city or town limits, write RURAL and give nearest town) Respital, Institution, or street defers where death occurred: Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. ST. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. Street Res. 3.5.6 G.R.R.R.D. (If crustal, give LOCATION) Street Res. 3.5.6 G.R.R.R.D. Street Res. 3.5.6 G.R.R.R		2. USUAL RESIDENCE (HOME) OF DECEASED:	
City or town. A share place of death?	600017)
The binding in above piece of decidity. Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town limits, write RURAL and give nearest town) Street No. 3.5.6. (If routed cetty or town) Street No. 3.5.6. If routed cetty or town) Street No. 3.6. If routed cetty or town) Street No. 3.6. If routed cetty or town) Street No. 3.6. If routed cetty or town) If routed cetty or town) If routed cetty or town) If routed cetty or town limits, write town limits write tow	City or town. HAVRE Sta GRACE		
Street No. 3 S. 60 F.R. A. 18 J. COATION) 3. (a) FULL NAME 3. (b) Social Security Number 3. (c) Full NAME 4. Set 5. Color or gree 6. (c) Single, married, widewed, or divorced MEDICAL CERTIFICATION 7. Birth date of deceased from, day, ri.) 8. AGE: Years Months 9. Birthsplace. 19. Birthsplace. 10. Usual occupation. 11. Industry or bulbing. 12. Rame A. Set 13. Birthsplace. 14. Maiden name A. Set 15. Birthsplace. 15. Birthsplace. 16. Industry or bulbing. 17. Birthsplace. 18. Industry or bulbing. 19. Birthsplace. 19. Birthsplace. 10. Usual occupation. 11. Industry or bulbing. 11. Industry or bulbing. 11. Industry or bulbing. 12. Rame A. Set 13. Birthsplace. 14. Maiden name A. Set 15. Birthsplace. 16. Industry or graphy. 17. Birthsplace. 18. Industry or substance. 19. Birthsplace. 11. Industry or bulbing. 11. Industry or bulbing. 11. Industry or bulbing. 12. Rame A. Set 13. Birthsplace. 14. Maiden name A. Set 15. Birthsplace. 16. Industry or graphy. 17. Birthsplace. 18. Industry or graphy. 19. Birthsplace. 19. Birthsplace. 10. Usual occupation. 11. Industry or bulbing. 11. Industry or bulbing. 12. Rame A. Set 13. Birthsplace. 14. Maiden name A. Set 15. Birthsplace. 16. Does to the control of death) 17. Birthsplace. 18. John of op. Actions, creaming, or graphy. 19. Birthsplace. 19. Birthsplace. 10. Usual occupation. 10. Book of operations. 11. Book of operations. 12. Signature. 13. Signature. 14. Maiden name A. Set 15. Book of operations. 16. Book of operations. 17. Book of operations. 18. Book of operations. 19. Book of operations	Haw long in above place of death? 15 MM	City or town(If outside city or town limits, write RURAL and give neare	st town)
Row long in hospital or Institution? 3. (a) FULL NAME THOMAS VINCENTI 3. (b) Social Security Number WEDICAL CERTIFICATION 20. Date of piece MEDICAL CERTIFICATION 20. Date of Dears 10. June of husband or wife. 21. I CERTIFY that death occurred on the date abere stated; that I attended decessed from the date of the state	Hospilai, Institution, or street address where death occurred:		
3. (a) FULL NAME 4. Sez 5. Color or race 5. Color or race 6. (a) Single, married, widewed, or diversed MEDICAL CERTIFICATION 20. DATE OF DEATH. 5. Color or race 6. (b) Same of husband or wife 5. (c) Halive, give age 7. Birth date of decreased (mo., day, yr.) 8. AGE: Tear Menths 19. Married, widewed, or diversed 19. Married, widewed, or death, widew		(If rural, give LOCATION)	
4. Sex 5. Color or pace 6. (a) Single, married, widowed, or divorced 7. Birth date of 6. (b) Name of husband or wife 7. Birth date of 6. (coaste) (mo. dar., vi.) 7. Coaste (mo. dar., v	How long In hospital or Institution?	2.(a) If veleran, name war	
4. Sex S. Color or race Mell S. (a) Simple of bushand or wife S. (b) Halire, give age S. (c) Halire, give age T. Simh date of deceased (no., day, yr.) S. AGE: Years Months Days Heles than one day S. Birthplace (Town, equally, equalists) (Town, equally, equalists) Due to Due to Other conditions. 11. Indestry or bushase 12. Rame Andrews MEDICAL CERTIFICATION 20. DATE OF DEATH. S. A. S.	3. (a) FULL NAME William THOMAS Vine	SENTÍ 3. (b) Social Security No	amber
8. (b) Name of husband or wife 8. (c) If alive, give age 92. I CERTIFY that death occurred on the date above stated; that I attended deceased from the deceased (mo., day, yr.) 9. Birth date of deceased (mo., day, yr.) 9. Birthplace 10. Usual occupation. 11. Industry or husband 12. Name			
8. (b) Name of husband or wife 1. Birth date of deceased (m., day, yr.) 8. AGE: Years Months Days If less than one day 10. Usual occupation. 11. Industry or busines 12. Name and the list saw h. Sirch Share of details. 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Birthplace 19. Birthplace 19. Birthplace 10. Usual occupation. 11. Malden name 12. Name and the list saw h. Sirch Share of details. 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Birthplace 18. Informant 19. Date thereof and the list saw h. Sirch Share of details. 19. Birthplace 19. Complete the case to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director are organized where the case to which death should be charged statistically. 19. Where did Injury occurred on the date above stated; that I attended deceased from 19. Industry or Dustrice on the date above stated; that I attended deceased from 19. Industry or Dustrice on the date above stated; that I attended deceased from 19. Industry or Dustrice on the date above stated; that I attended deceased from 19. Industry or Dustrice on the date above stated; that I attended deceased from 19. Industry or Dustrice on the date above stated; that I attended deceased from 19. Industry or Dustrice on the date above stated; that I attended deceased from 19. Industry on the list saw h. Sive	male White Single		15:0 P
8. (c) If alive, give age	6.(b) Name of husband or wife	••••	
10. Usual occupation. S. Birthplace. (Town. county, only sate) 10. Usual occupation. 11. Industry or busines. 12. Name. John John John John John John John John	5.(c) If alive, give ageye	ars !	19
8. AGE: Years Months Days If less than one day Manara of Injury of business	7. Birth date of 1024	and that I last saw halive on	19
September Sept	Land Land Land Land Land Land Land Land		DURATION
9. Birthplace	0. 40		
10. Usual occupation. 11. Industry or business 12. Name	11- d. Mess. md	C Would of	
Due to	9. Birthplace	Due to	
11. Industry or busins 12. Name	Laborer Edgewood Mi		
12. Name 13. Birthplace (Include pregnency within 3 months of death) Major fieldings of operations. Date of op. Actopsy results. Address 16. Informant Address Date thereof. (Burial, cremation, or respons), Which?) Cemetery or cremation, or response, which which? Location 18. Funeral directors. Address Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, Maria (City or town) (County) (State) Injured at home, farm, industry, public place (where?) A.O.O. Means of injury 45. A. Injured at work? 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 28. SIGNATURE 29. SIGNATURE 29. SIGNATURE 20. SIGNATURE 21. SIGNATURE 22. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 29. SIGNATURE 20. SIGNATURE 21. SIGNATURE 22. SIGNATURE 23. SIGNATURE 24. SIGNATURE 25. SIGNATURE 26. SIGNATURE 27. SIGNATURE 28. SIGNATURE 28. SIGNATURE 29. SIGNATURE 20. SIG	2.304	Due to	•••••
13. Birthplace 14. Maiden name 15. Birthplace 16. Informant Address 17. Burial, cremation, or campual, Which?) 18. Euneral director. Address 19. Address 21. Birthplace (Include pregnency within 3 months of death) Major fieldings of operations. Date of op. Actopsy results. PHYSICIAN: Please conderline the cause to which death should be charged statistically. Accident, suicide, or homicide. (City or town) (County) (Stete) 19. Address 23. SIGNATURE. 23. SIGNATURE.	×1 2/.		
14. Maiden name.			
Address 3 Company resolts		(Include pregnancy within 8 months of death)	
Address 3 Company resolts	14. Maiden name	Major fiediogs of operations	
Address 3 Date thereof (Burial, cremation, or removal, Which?) Cemetery or crematory (City or town) Location (City or town) 18. Funeral director (Address (City or town)) Address (City or town) Address (City or town) 19. Address (City or town) 20. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide (City or town) (City or town) (County) (County) (Stote) Means of injury (City or town) 23. SIGNATURE.	2 15. Birthplace Thanking by Md.		
Address 3 Date thereof (Burial, cremation, or removal, Which?) Cemetery or crematory (City or town) Location (City or town) 18. Funeral director (Address (City or town)) Address (City or town) Address (City or town) 19. Address (City or town) 20. VIOLENCE: If death was due to external causes, fill in the following; Accident, sulcide, or homicide (City or town) (City or town) (County) (County) (Stote) Means of injury (City or town) 23. SIGNATURE.	mes . Keon Vincentis	Actory resolts NONE	
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide, f. 20. M. C. City or town) Location 18. Funeral director: Address Date thereof	300 Mina de M. Harre de Ala	PHYSICIAN: Please ooderline the caose to which death should be charged at	atisticatty.
(Burial, cremation, or removal, Which?) Cemetery or crematory. Location Location Address Address Where did injury occur? Where did injury o	Address, 30 19 4 19 19 19 19 19 19 19 19 19 19 19 19 19		
Cemetery or crematory. Location 18. Funeral director. Address	(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)		
Location Injured at home, farm, industry, public place (where?) A.O.C. Means of injury 45 CAL PSTOL injured at work? Means of injury 45 CAL PSTOL injured at work? 23. SIGNATURE	William Person	Where did injury occur? HAKE TO GRACE HAKEORD	(Stote)
18. Funeral director Address Have all Marce Mid 19. Feb. 24 19.47 1.2. Surviv W. D 23. SIGNATURE	There de Aliene	loiured at home, farm, Industry, public place (where?) ROOF OF	HOUSE
18. Funeral director Address Have de Place MA 19 Feb 24 19 47 1.2 Leuris W. D 23. SIGNATURE Deputy runding to year and	Location	Manage of Injury 445 CAL PSTOL Injured at work? A	10
tel-24 1947 G.S. Serie W. U.	18. Funeral director	means of hipsing 7 70 and an armine at more.	
tel-24 1947 G.S. Serie W. U.	Address House de Masse Md	DATE OF THE ME	.2
19742-24 19 4) 4.9.0 Line 1. 1. 1	21 11 149 12	23. SIGNATURE	diamete_
(Date rec'd by registrar) Registror Address	(Date ree'd by registrar) (Date ree'd by registrar) Registr	nor Address Aberden, 340, Date signed	2/22/48

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

especially

WRITE PLAINLY is especiall

PLEASE

A15 SA

FEB 26 1948

BUREAU Y. S.

WRITE

PLEASE

VS A15 9.4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

		,	8	5	-
 Di.A	9.5-		0	6	

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MARY/AND County HAR FOR D
City or town. HAVEE GERACE, MC. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death ARS Hospital, institution, or street address where death occurred:	City or town
HOSPITAL, INSTITUTION, OF STREET ADDRESS WHERE DESIRED LOCALIFED. HOW long in hospital or institution? 5 HRS:	(If rural, give LOCATION) 2.(a) If veteran, name war.
	2.(0) It reterally liame was
REBA JANICE WAGNER	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WhitE SinglE	20. DATE OF DEATH FEBRUAR 4/0, 48 21 / 40 A A
6.(6) Name of husband or wife None	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from FEBRUARY 9 19 48 to FEBRUARY 10 19 48
7. Birth date of	and that I last saw h FR alive on IEBRNARY 10,18 48
deceased (mo., day, yr.) FEDRUARY 25, 1946	Immediate cause of death
8. AGE: Years Months Days If less than one day	Immediate cause of death
/ // // min.	John elymumma)
9. Birthplace HAUBE OF CRACE HARTIRO, MARJMAN	Due to
10. Usual occupation. None	***************************************
no. Osual occupation	Due to
1t. Industry or business	
E 12. Name HERMAN WAGNER	Dther conditions
12. Name HERMAN WAGNER 13. Birthplace North Carolin A	
14. Maiden name. NORA CAUdill NORTH CARSLINA	(Include pregnancy within 3 months of death)
1/20th 1 and in	Major findings of operations.
In Sirinplace WORTH ARBLINA	Date of op
16, informany	Autopsy results
Address avect, Mid	22, VIOLENCE: If death was due to external causes, fill in the following:
(Burial cremation or removal, Which?), Date thereof (month) (day) (year)	Accident, sulcide, or homicide
Balitist Viena Cim	
Cemetery or creming the company of t	Where did injury occur? (City or town) (County) (State)
Location Company Company	injured at home, farm, industry, public place (where?) Mesns of injury Injured at work?
18. Funeral director, 20. Carely	waste or infail
Address Warlington Md.	23. SIGNATURE Why P. or other
19 Let 10 19 48 4. L. Leurs M. D. Registrar	Address The State State State Signed 4/0/04/8



MARYLAND STATE DEPARTMENT OF HEALTH X

2411 N. Charles St., Baltimore

53

CERTIFICATE OF DEATH

Reg. Diat. No. 182

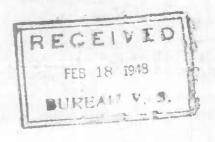
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Thomas Vefferson -	Leaves 3. (b) Social Security Number
Male 5. Color or race S. La Single, married, widowed, or divorced male married	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(6) Name of husband or wife Maryareh M. Deaver	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
7. Birth date of	and that I last saw h
8. AGE: Years Morths Days If less than one day	Immediate cause of death DURATION
9. Birthplace Marylund (County, and state)	Due to
1D. Usual occupation	Due to
12. Name Land Mary Cana	Other conditions. (Include pregnancy within 3 months of death)
14. Maiden name Clus wheth mic Causing. 15. Birthplace Many Cund	Major findings of operations.
16. Informant Muss anymes Jonyan	Antopsy results
Address Senson 2/16/48 17. (Burial, cremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: 1f death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Cemetery or crematory Standard Conclusing	Where did injury occur?(City or town) (County) (State)
Location Veg Specific Control of the	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	Msens of Injury Injured at work?
Address Deces on Mil	23. SIGNATURE Det O Hotors M. D. or other
19. (Date reged by registrar) Registrar	6 lees - 1 mm 1-12 VT

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

NS

MARGIN RESERVED FOR BINDING



 MARGIN RESERVED FOR BINDING

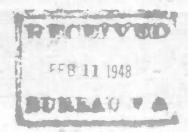
VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 183

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If outside any or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How tong in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Refueccas 221 2	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5 le Mil min	
1 to 1 miles	20. DATE OF DEATH 1948 4 430 M
6.(b) Name of husband or wife	21.1 CERTIFY that death occurred on the date above states; that I allended deceased from
6.(c) It alive, give age 7 years	19 10 1 10 ft d
7. Birth date of deceased (mo., day, yr.)	and that I last saw h. 12 alive on 15 45
8. AGE: Years Months Days if less than one day	Inmediate cause of design
86 2 55hrsmin.	Charact Massac
ble Don't	
9. Birthplace (Town, county, and atate)	Due to Marie
10. Usual occupation Bonsule	and multitude
	Due to
tt. Industry or business	\$ / /42.0
12. Name / Land / Market / 13. Birthplace / Land / Land	Dther conditions D & J
El IRACLOMATOR	(Include pregnancy within 8 months of death)
	Major findings of operations
El 15. Birthplace	
16. Informant	Autopsy results.
Address Morrisvillo and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
184.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or remoyal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery of crematory	Where did injury occur? (City or town) (County) (State)
Location Marianelle Mel	Injured at home, tarm, Industry, public place (where?)
18. Funeral director II have and Tubb	Means of injury injured at work?
Address Parry Grane Par	D. I By To I I
1 2 D	23. SIGNATURES TUNNS M. D. or other
19 Tet, 9 19 48 anomas & Brown	Solewart The M. D. or other



DURATION

MARYLAND STATE DEPARTMENT OF HEALTH,

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No. 185
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State MARY AND County HAR FOR C. City or town. HARE SE GRACE (If outside city or town limits, write RURAL and give nearest town) Street No. R. J. 2. (If rursi, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME CORA WAIton Wilfong	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced FEMA/E WhitE MARRIED 6.(b) Name of husband or wife W. L. Wilford 6.(c) If alive, give age 70 year 7. Birth date of T. J. 5.8. (5.7.2)	MEDICAL CERTIFICATION 20. DATE DF DEATH
deceased (mo. day, yr.) 6414 25, 78 8. AGE: Years Months Days If less than one day 70 7 15	Due to Du
12. Name WAShington WAIton 13. Birthplace W. Virginia 14. Maiden name Virginia Marm 15. Birthplace 16. Informant M. W. L. Willowd Address Havre de Grace, Md. R.D. V	"(Include pregnancy within 3 months of death) Major findings of operations Date of op. 2 Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically
17 Aurial (Burial, cremation, or remogal, Wijch?) Cemetery or crematory Location 18. Funeral director Address Javual Lucation Address Date thereof, 74. (9/949 (month) (day) (year) (month) (day) (year) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. T. J. S. 19. 48 G. L. Lewis W. Date rec'd by registrar) (Date rec'd by registrar) Registra	222 5 2/2:20 A Marco 1- Medie 2 //3

every item of information carefull ite the causes of death clearly and

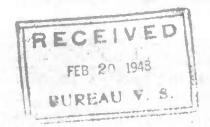
SE WRITE PLAINLY, is especially

A15 VS

BINDING

FOR

MARGIN RESERVED



2411 N. Charles St., Baltimore

01748

CERTIFICA	TE OF DEATH Reg. Dist. No. 88
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Edward J. Wit. 4. Sex M, Scolor or race 6.(a) Single, married, widowed, or divorced infant,	MEDICAL CERTIFICATION 20. DATE OF DEATH. Felivica 9 19 48 21 10 75
8.(b) Name of husband or wife 8.(c) It alive, give age years 7. Birth date of deceased (mo., day, yr.) Nov. 14, 1947	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day 26	Due to HyperTrophy of Thymus Due to
11. Industry or business 12. Name	Diher conditions
16. Informant Address 52 Rile J. J. Cheese M. M. 17. (Burial, cremation, or removal. Which?) Cemetery or crematory. (Month) (Aux) (year)	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
18. Funeral director Carlos Bare Pa. Address Hancol Carlos Ma. 19. 14- 0 19 F8 G. X. Lewis M. D. (Date rec'd by registrar) Registrar	Injured at home, farm, industry, public place (where?) Means of Injury 23. SIGNATURE M. D. or other

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

LEASE

FOR BINDING

MARGIN RESERVED

